

## **CLAIMS ONLY**

**SERIAL NO.**

**FILING DATE**

**APPLICANT(S)**

## **CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	3					
TOTAL DEP.	17					
TOTAL CLAIMS	90					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

**BEST AVAILABLE COPY**

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS